

Docket No. 0424/75632/JPW/YC

UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Omry Ben-Ezra, et al.Serial No. : 10/560,654 Examiner: J. DietrichFiled : May 1, 2006 Group Art Unit: 3762For : VAGAL STIMULATION FOR ANTI-EMBOLIC THERAPY

Mail Stop Amendment
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Date: February 19, 2008

Sir:

Transmitted herewith is an amendment to the above-identified application.

X Small entity status of this application under 37 C.F.R. \$1.9 and \$1.27 has been previously established.

 A verified statement to establish small entity status under 37 C.F.R. \$1.9 and \$1.27 is enclosed.

 No additional fee is required.

The filing fee is calculated as follows:

	Number after Amend- ment	Highest Number Previously Paid For ¹	Number of Extra Claims Presented	RATE			FEE	
				Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	48 -	* 50 =	*** 0 X	\$25	\$50	=	0	
Indepen- -dent Claims	2 -	** 2 =	*** 0 X	\$105	\$210	=	0	
Multiple Dependent Claim(s) Presented For First Time <u> </u> Yes <u>X</u> No				\$185	\$370	=	0	
				TOTAL ADDITIONAL FEE \$ 0				

¹ The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims originally filed.

* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.

*** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0".

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Amendment Transmittal Letter

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The following are also enclosed:

☒ One additional copy of this Amendment Transmittal Letter

☒ Return Receipt Postcard

☐ An Information Disclosure Statement, including Form PTO-1449

(Copies of citations included: Yes ☐ No ☐
and a fee of \$ ☐ included)

☐ A Petition for an Extension of Time, including a fee of
\$ ☐ for a Petition for ☐ Month(s) Extension of Time

☐ Other (identify): ☐
☐
☐

THE TOTAL FEE DUE IS \$ 0.

☐ A check in the amount of \$ ☐ is enclosed.

☐ Please charge Deposit Account No. ☐ in the amount of
\$ ☐.

☒ The Commissioner is hereby authorized to charge any additional fees
required or credit any overpayment to Deposit Account No. 03-3125
as follows:

☒ Fees under 37 C.F.R. \$1.16 for the presentation of extra claims
☐ Patent application processing fees under 37 C.F.R. \$1.17

Respectfully submitted,

I hereby certify that this
correspondence is being deposited this
date with the U.S. Postal Service with
sufficient postage as first class mail
in an envelope addressed to:

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
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Gary J. Gershik
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